

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		5/1/94
O.I.P.E. CLASSIFIER		25	05/05/93
FORMALITY REVIEW		71471	5/12

INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	1	5/1/94
2	2	2	5/1/94
3	3	3	5/1/94
4	4	4	5/1/94
5	5	5	5/1/94
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet (BEST AVAILABLE COPY)

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